

1.) CORPORATION NAME:

Rhodesian Ridgeback Rescue, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **05368469**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

UNITED CORPORATE SERVICES INC

6800 PARAGON PL STE 626

PO BOX 6649

RICHMOND, VA 23230

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 39108

CITY/ST/ZIP: WASHINGTON, DC 20016-9108

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: ELIZABETH W GOODMAN
TITLE: TREASURER
ADDRESS: PO BOX 2438
CITY/ST/ZIP/CO: LEESBURG, VA 20177-

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OFFICER

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DIRECTOR

NAME: ELISE LEWIS
TITLE: SECRETARY
ADDRESS: 6526 HARRISON PIKE
CITY/ST/ZIP/CO: CHATTANOOGA, TN 37416-

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OFFICER

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DIRECTOR

NAME: LORRAINE PEDERSEN
TITLE: SECRETARY
ADDRESS: 10626 25TH PL, NE
CITY/ST/ZIP/CO: LAKE STEVENS, WA 98258-

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OFFICER

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DIRECTOR

NAME: NICOLE J TATE
TITLE: DIRECTOR
ADDRESS: 104 WILD TURKEY RD
CITY/ST/ZIP/CO: BLYTHEWOOD, SC 29016-

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OFFICER

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DIRECTOR

NAME: PHYLLIS SCALF
TITLE: DIRECTOR
ADDRESS: PO BOX 20645
CITY/ST/ZIP/CO: MESA, AZ 85277-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLE BRADLEY-KENNEDY DIRECTOR 4 TIMBERRUN CRT, RR 2 CAMPBELLVILLE, ON L0P 1B0-, CANADA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHERYL FRASER PRESIDENT 100 PLEASANT ST NORTHBOROUGH, MA 01532-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLINA DEVITO DIRECTOR 2495 CLUB WALK TRACE ALPHARETTA, GA 30022-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEANNA FULLER DIRECTOR 117 S YALE ST VERMILLION, SD 57069-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN GAMBLE DIRECTOR 9523 RIVER RD WARRIOR, AL 35180-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROSS JONES DIRECTOR 2008 DOROTHY ST NE ALBUQUERQUE, NM 87112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID KANOUSE VICE PRESIDENT N6058 US HIGHWAY 45 NEW LONDON, WI 54961-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS WOLF DIRECTOR 6097 69TH AVE RIDGEWOOD, NY 11385-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ELIZABETH W GOODMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		ELIZABETH W GOODMAN, TREASURER PRINTED NAME AND CORPORATE TITLE	
		3/28/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			